# **Finance Report** nance pane our const worth

pagename	Form CPF	M 102: Campaign F
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	ar programs and events in	more.
Commonwealth of Massachusetts	19 DEC 27 ATTI	Hypania havin

Commonwealth of Massachusetts 19 DEC 27 AMII: 46	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 12-30-2019
16, please enter the promo code AVI co-plant	10 purchase Member priced tickets onlin
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
oil day preceding premanary	C 12 D C 12
Pauela Caldage Gandidate Full Name (if applicable)	Committee to Elect Pan Guldey Committee Name
City Councilor District I	Name of Committee Treasurer
25 Monroe St Auesbury MA 01913  Residential Address	25 Monroe St. Amesbury MA Committee Mailing Address
E-mail: Dgilday a COMCast, net	E-mail: balldayacomcastinet
Phone # (optional): 978-388-5452	Phone # (optional): 978 388 5452
DOTAL PROPERTY	E INFORMATION:
Line 1: Ending Balance from previous report	at 5P1 05.80
Line 2: Total receipts this period (page 3, line 11)	Thank von for von gene
Line 3: Subtotal (line 1 plus line 2)	68.26
Line 4: Total expenditures this period (page 5, line	suppo <del>rt of The Trustees is ensuring</del> that o
Line 5: Ending Balance (line 3 minus line 4)	lands apes and landr 05.80 rected regener
Line 6: Total in-kind contributions this period (pa	endure forever because of set
Line 7: Total (all) outstanding liabilities (page 7)	You can help even more by the Tru
Line 8: Name of bank(s) used: The Prov	rdent Bank
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	den lyleinberships make a great gift for an
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acc	best of my knowledge and belief, a true and complete statement of all campaign fin
incurred any liabilities nor made any expenditures on my behalf during this reporting  Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign
La walk of Ill	Pate: 17/7/1

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.) Name and Residential Address Occupation & Employer **Date Received** (alphabetical listing required) (for contributions of \$200 or more) Amount m Crane Beach to the Old ing that ou rotected not just for your enjoyment today jut for landscapes and landmarks are endure forever because of you first to know about our conse You'll be th nuch more. successes, events coming up n thing you do to make Massach 9V9 TOT D/T Danks again for your support to purchase Member priced to and "Create a New Guest" whell checlong d your permanent Member ID. og middiy You will receive your Members lip cards, a your permits will be mailed to you with If you ordered Crane Beach parking permits weeks, it you want to visit the MILLIAM before your permits arrive, please bring this email and a photo ID. Remember, the

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	cipts over \$50 (or listed above)	0	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	0	
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemize	d receipts of \$50 and under, include them in lin	e 9. Line 10 shou	ld include only those receipts not itemized above.

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address ansadment	Purpose of Expenditure	Al Amount
00.0	\$9,850.00	11	AHS Moisture Analysis for roo ALL 3 Schools Moisture Analys	10
1,250	\$1,860,000.00	11	AMS Replace TPO Roof W/ EPO AMS Replace TPO Roof W/ PV	2B 20
	\$40,475.00 \$36,825.00 \$390.000.00		CES Roof Replace North side St AHS Roof Repairs CES Replacement the two work	8 4 2
	\$1,560,000.00 \$120,000.00 \$300,000.00	5,000.00 each oks 400 & 800 Gal.	CES Replace ALL 8 Units @ \$19 AMS Replace both Hotwater Ta AHS Athletic Track Reclaim & R	4.2 9 7
	\$80,000,00 \$50,800 00 \$40,000.00	reids & Fences		8 9 10
	\$30,000.00	11	AHS Replace Disposed CES Loading Dock & Side concr AHS Replace Defective Control	
	TAL: \$4.823,750.00			
	\$25,000.00	e Secondary Priority Items is (1 ADA Compliant)	LEASE to Purchase 2 School Van Handicapped Accessible Doors	
	\$10,000.00 \$12,000.00 \$13,000.00		School Window Replacement  AHS & AMS Bldg, Envelope/Win  AHS Sewer Line Repair	
	\$6,000.00 \$6,700.00 AL: \$102,700.00		AMS Retaining Wall & Sidewalk	
		e Maintenance Concerns	FY 19/20 Immedia	
	\$3,600.00		AHS Replace VAV Box Control AHS Hot Water Tank (Leaking)	
	\$3,750.00	Line 12: Total Expenditures ov	er \$50 (or listed above) on 230	0
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			=	
		Line 12: Expenditures over \$5	0 (or listed above)	0
		Line 13: Expenditures \$50 and	under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				_
			,	
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	A
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

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<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

ate Incurred	To Whom Due	Address	Purpose	Amount
		3		